

Habits—What Are They?

CHILD STUDY

NOVEMBER, 1929

How Children Learn

By FRANK N. FREEMAN

The Psychologists Study Eating Habits

By LYDIA J. ROBERTS

What We Know About Children's Sleep

By HELEN BOTT AND NELLIE CHANT

Habits of Elimination

By HYMAN S. LIPPMAN

Living with Our Habits

By MARION M. MILLER

Published by

CHILD STUDY ASSOCIATION OF AMERICA

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This Board is eminently equipped to deal with this important question. Their careful choice of new books, month by month, to fit certain ages, is news of great value to parents.

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Her }

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THE CHILDREN'S BOOK CLUB

ONE PARK AVENUE, NEW YORK

Vol. 7, No. 2

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November, 1929

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Child Study

VOL. 7

NOVEMBER, 1929

NO. 2

How Children Learn

By FRANK N. FREEMAN

Trial and error in child training is less successful than an understanding of the learning process.

IT is all too common to hear adults give a child the same direction over and over again or scold him for something which he has done, in spite of the fact that the admonition or the scolding appears to have no effect upon the child's conduct. And yet adults have gone on generation after generation using this ineffective method of treatment. Psychologists are universally agreed that scolding or nagging not only fails of its object, but even defeats its own end by making the child callous to the instructions which the adult gives him.

ADULTS WHO EXPECT THE IMPOSSIBLE

The explanation of this persistence in ineffective methods of treatment is that the adult has not ordinarily made a study of the way the child learns. He is preoccupied with his own concerns; he gives time and thought to the formulation of ideals of behavior instead of making a study of the way in which the child can be brought to adopt really constructive behavior.

If we are to deal with the child effectively, however, we must shift the center of attention to the child himself. We must seek to find out from actual experience how children learn and how they come to behave in this or that way. Psychologists have given us some idea as to the conditions which affect learning. For better or worse the child is educated or trained by means of the actions, the thoughts and the feelings which are set up within himself. If his reactions are contrary to those we desire, he is being miseducated rather than educated.

There are certain things that can be said about the mode of learning of children in general. All children

have certain common characteristics, and psychologists have determined by observation and experimentation what some of these characteristics are. These characteristics give us the basis for laying down certain general principles and rules of treatment. In addition each child has certain individual peculiarities. These we also need to know in order to fit the general principle to the individual child.

To treat a child wisely, we must know the findings of psychological study both as to the general characteristics of childhood and as to the facts about individual differences. It is not sufficient, however, to have mere book knowledge on these matters. Knowledge becomes effective only when it is made real by the observation of individual children. One must watch children to see how they react to different modes of treatment. One must think ahead and try to forecast the effect upon a child of a given mode of treatment, and then watch to see whether this prediction is fulfilled. Such a combination of indirect knowledge and first hand observation, thoughtfully applied, will make it possible for a conscientious parent or teacher to guide the child's learning with fair certainty.

KNOWLEDGE NEED NOT LACK THE HUMAN TOUCH

It is not necessary or even desirable that the adult should adopt an impersonal attitude toward the child. A personal interest in the child's concerns, coupled with a knowledge of how children usually react in given circumstances and how a particular child reacts, is the essential basis for successful treatment.

The first important fact to keep in mind concerning the child is that he is impelled to action by powerful

inner drives. The survival of the individual and the survival of the race depend upon the existence and the operation of these drives. The most fundamental of them are concerned with the maintenance of bodily existence and the propagation of the race. An example of the first is hunger and an example of the second is the sex instinct. There are other drives which are concerned not so much with the maintenance of actual existence as with mental and physical development. We may speak of the impulse to play as such a drive. Other drives are of a more strictly human character and are dependent upon some degree of self-consciousness. Such a drive is represented in the effort to maintain self-esteem or to win the esteem of others.

BEHAVIOR IS A COMPLEX PRODUCT

Psychologists have engaged in bitter controversy concerning the nature and description of these drives. They have sometimes been called instincts, after the analysis of the instinctive behavior of the animals, and have been thought of as uniform, fixed and predetermined modes of behavior. We now recognize that human beings do not possess such fixed modes of action inherited from their parents. What they do and the way they do it are affected to a very important degree by their education and general up-bringing.

To question the importance of fixed, inherited instincts, however, is not to minimize the importance of inner drives. If they did not exist, education could not make a start. Within the child there must be motives for action to which we can appeal. We may be able to direct and select the child's desires and impulses, but we cannot create them. They cause the child to be active rather than passive. If the child is active, his activity can be directed. If he is passive, it is beyond our power to influence him.

In saying that the child is animated by drives, we have been looking at him from the point of view of the observer. If we describe the same facts from the point of view of the child himself, we say that he has his own concerns, his interests, his desires, his likes and dislikes. He wishes to do certain things and to refrain from doing other things, depending on whether they fit in with his fundamental drives or not. He, himself, does not realize why he wishes to do this and not to do that. His attention is outward and not inward; but the observer, in his endeavor to interpret the child's wishes, his desires and his antipathies, realizes that their ultimate origin is to be found in such drives as have been mentioned. While, therefore, the child's behavior may seem superficially to be capricious and incalculable, it is usually the expression of definite urges. These consist at first in vague strivings toward ends which may not be formulated in the child's mind. Many of

these ends never do become definitely formulated even in the mind of the adult. We may think of them perhaps as akin to such tropisms of plants and the simpler forms of animal life, as turning toward the light, the assumption of a position in reference to gravity, and the like. But active and striving the young organism is. Hence our business is not to create or even to mold the child's character; it is rather to guide and direct its development. Teaching and training are represented more accurately as the process of guiding forces rather than of forming an inert mass into a particular shape.

This implies that the environment does have an influence on the development of the child's mind and character. It is false to think of the child's impulses as so definite and unalterable that they can find only one given form of expression. This is the fault of the notion of instincts as applied to human life. If the child's nature compelled him to carry out a certain definite train of acts when he arrived at a certain stage of growth and was acted upon by a given stimulus, there would be nothing for the parent or teacher to do but watch the process go on. But the child's nature is such as to give opportunity for quite definite guidance.

ENCOURAGING SOCIALLY ACCEPTABLE IMPULSES

The first characteristic which provides the possibility of guidance is the multiplicity of the child's drives or impulses. He gets satisfaction from doing so many sorts of things. Some of his impulses appear to be reminiscent of the demands of a primitive mode of life, while others seem to fit better the demands of present civilization or even the civilization of the future. The child may attain a sense of power by fighting or by cruelty, or he may gain satisfaction by successful manipulation of materials in constructive activity. Again, he may get a certain crude type of pleasure from teasing an animal or he may get a more refined and civilized pleasure from caring for it and studying its habits. We have sometimes erred in supposing that because the one impulse is natural it is the *only* one which is natural under the circumstances. The one which is constructive and socially acceptable may be as natural as the other, which is not.

A second condition which makes guidance possible is the multiplicity of possible modes of expression of the same fundamental impulse. For instance we hear a great deal about the sex drive, and many amateur psychologists seem to think that this undoubtedly fundamental drive can find expression in only the most primitive forms of behavior. That portion of this generation which is laboring under this error will doubtless discover its mistake, and will come to realize that the development of imagination and of the reasoning process in man necessarily makes his expression of the

What We Know About Children's Sleep

By HELEN BOTT and NELLIE CHANT

Sleeping reflects the complex and subtle interplay of all our behavior patterns.

SUSAN, aged three, and in the nursery school, was described, not without warrant, as a "sleeping problem." The customary serenity of the afternoon nap period was shattered by Susan's performances. She whispered and shouted, she bounced and kicked, she invented frequent trips to the toilet and even soiled herself in her efforts to resist being put to sleep. As the other children's rest was being seriously disorganized by this insurgent conduct, Susan was finally removed to a room by herself, and a member of the staff told off to take charge of her. Instructions were to see that Susan was to stay on her cot, even if holding her were necessary. It was explained to Susan that she was being taken from the sleeping room because she disturbed the other children. As soon as she had learned to rest quietly she would be brought back.

WHAT THE RECORDS SHOWED

The records of this case are singularly informing. On the first day Susan fought, shrieked and displayed a really original vocabulary of abuse which she varied by singing snatches of "Onward Christian Soldiers." Toward the end of the period she lay quiet, but she did not sleep. The observer sat on a chair beside her, holding her when she became too obstreperous, but interfering as little as possible. The concluding comment in the first day's record was, "She seems to feel no resentment as she talked to me most cheerfully while she was dressing to go home."

On the second day the struggle repeated itself, but with lessened duration. After fifty-five minutes of restlessness and fitful crying Susan fell suddenly and soundly asleep. The next day she slept in fifteen minutes. On the day following she was taken back to the sleeping room with the other children. But she promptly relapsed into the old disturbing behavior and was taken back upstairs where she fell asleep within thirty minutes. The next day she was again taken into the sleeping room and remained there during the sleeping period. She was restless, but controlled herself to the extent of not disturbing the other children.

This ended the first week of intensive training with Susan. From this time on she remained in the sleeping room; usually she slept, and at least she refrained

from the more conspicuous forms of disturbance. She had occasional relapses as is indicated by later comments of the observer:

Susan was having difficulty in going to sleep. She looked up at me and murmured, "Little ones do not understand, do they?" "Understand what?" "Why they have to sleep." At the moment every "little one" in the room except herself was sound asleep.

Susan was restless and I sat down on the edge of her bed with one arm across to keep her quiet. She reached up and took my other hand in hers fondling it and saying, "I am just using one hand today. You can take the other hand away."

This case illustrates several points which are important in dealing with sleeping difficulties, as, indeed, with any form of adjustment in the routine of the young child. The complexity of the problem is often overlooked when we describe a child's difficulties in terms of any one situation alone. Susan slept badly at home as well as at the nursery school, but her sleeping difficulty was interrelated with bad eliminative habits, imperfect social adjustment and a lack of adequate home discipline. This was indicated by her defiant refusal to comply with simple requests, her perplexity when her shrieks brought no reaction from the teacher, and, finally, her sudden capitulation to a consistent form of control which was evidently new in her limited experience.

ANALYZING THE ADULT'S RÔLE

Again, the *keeping of records* was, as in all our experience, of undoubted value. It furnishes evidence of how a seemingly difficult problem sometimes clears up when attacked by means of a simple plan followed consistently.

Finally, the *adult attitude* has certain important implications. In this case there was no carry-over of resentment against the teacher who had held a screaming, kicking Susan on her cot; indeed she seemed to have a special friendliness for this person thereafter. The reasons for this were two: it was carefully explained to her *why* she was taken from the sleeping room and kept upstairs, and she was motivated by the

desire to get back to the other children and to be treated as they were. While little was said, she was made aware of the approval of the person in charge when she slept, and this was practically expressed by giving her the chance to demonstrate her reformed behavior in the sleeping room. Second, no indication of anger or annoyance was shown when Susan behaved badly; even under considerable provocation the teacher maintained a quiet unemotional attitude. This, too, is significant for parents.

So much for the adjustment of one fairly acute sleeping difficulty which we were able to deal with directly in the nursery school. What of the wider range of problems occurring in home situations which for the most part must be adjusted second hand by guidance given to parents. And what of the still more fundamental question of devising a plan of training from infancy which will render such problems and their re-education unnecessary?

In attempting to answer these questions our practice has been to draw from various sources—from the experience of parents expressed in group discussions, from the study and adjustment of cases through our clinical consultation service, and also from a special investigation of sleeping habits conducted concurrently in the nursery school and in the homes of members of our parent education groups. Such evidence corroborates the emphasis placed in Susan's case on the complexity, on the value of records and on the decisive influence of adult attitudes in the formation and correction of sleep habits—or indeed in any scheme of habit training.

COMPLEXITY OF ADJUSTMENT

The interrelation of habit systems is illustrated by almost every case of sleeping difficulty which is brought to our consultation service. For example, a mother comes with a child of five who is often wakeful until ten or eleven at night and whose sleep is disturbed by dreams and night terrors. He is an only child with few opportunities for play with other children. He stays up till after seven every night in order to have a romp with his father when he comes home from work. After this the child is thoroughly excited and lies awake, calling his parents by all manner of excuses to come to his room. He makes up for the sleep lost at night by sleeping until nine or ten in the morning. By the time he has had his breakfast the best part of the time for vigorous outdoor play is lost. The parents were advised to adopt an earlier bedtime for the child, without the prelude of a boisterous romp; to disregard his attempts to gain attention except in cases of genuine fear; and, most important, to send him to a

play school in the mornings. Attention to such social factors as the companionship of other children, instead of exclusive adult society, was as significant in clearing up this situation as was the adjustment of the routine of sleep itself.

Similarly, the child who is wakeful because of fears, anxiety over school work or some such cause can best be helped by an adjustment of the emotional difficulty. Since anger as well as fear is inimical to sleep, there is an additional reason for avoiding whenever possible emotional upsets at bedtime. At the risk of appearing insistent we have emphasized this point of complexity and interrelation, because so often it has shown itself of unique importance in adjustment. Too often habit is thought of in a narrowly mechanistic fashion as an invariable pattern response to a specific stimulus. It seems truer to the facts to call attention to the whole adjustment of the developing individual in which the functioning of the various parts are organically dependent on one another.

THE USE OF RECORDS

When we first set out to discover what was a normal routine of sleep for the infant and young child we found this hard to determine. Writers on the subject differed widely in their recommendations and there were few experimental studies on the sleep of young children. We therefore undertook an investigation in our own nursery school into the day sleep of the children in attendance, and through our parent groups, into the day and night sleep in their own homes of the children there represented. The results of this study have been published.* At about the same time a similar study made by Dr. John E. Anderson and his associates at Minnesota appeared, and we were able to compare our findings with his, as well as with Miss Flemming's pioneer investigation into the sleep of young children. The results of these three studies largely corroborate one another. Ours covers a smaller number of cases, and in the case of the home records is extended beyond the preschool period.

The parents' part in this investigation is probably of more interest to most parents than that dealing with the nursery school. All members of parent education groups were given forms covering a week in which they entered the hour at which a child was put to bed, went to sleep, woke in the morning and got up.

Similar entries were made for daytime sleep when it occurred. Questions in regard to preliminaries to sleep, sleeping conditions, disturbance of sleep and so on were also asked. These forms were discussed in

* Chant, Nellie, and Blatz, W. E., *A Study of Sleeping Habits of Children, Genetic Psychology Monographs, July, 1928.*

groups prior to their use, and the records were gone over with the parents afterward in an attempt to check their accuracy. Such forms have now been used with parent groups over a period of four years. We have found this the simplest of all records for parents to keep. The value to the parent of keeping these forms as a convincing proof of the efficacy of a plan consistently followed can hardly be exaggerated.

HOW VALUABLE IS A ROUTINE?

But those of us who kept these preliminary sleep records, of which the purpose was not to follow a plan, but rather to discover what the unenlightened practice of parents really was, had a different experience. The record proved in many cases to be less a picture of the *child's* normal behavior than a revelation of the inconsistencies of *adult* management of a fundamental routine. We had all supposed that we put our children to bed at the same time each night. When we had to write down the actual time we discovered how variable were our own self-imposed standards.

The question was at once raised as to how far a routine should be laid down and rigorously adhered to, or how much leeway we should allow ourselves and the child in such cases. This problem is not confined to sleep, but is involved in the whole range of habit formation, though it is perhaps more pertinent to sleep than to other parts of the child's life. Variation must, of course, always be reckoned with in human behavior. In our management of children we are constantly subject to interruptions and exceptions; the exigencies of life disturb even the most cast-iron systems.

EXCEPTIONS THAT PROVE THE RULE

Is it allowable, for instance, to keep Johnny up for a couple of hours beyond his bedtime in order that his parents may go to the movies? From the child's point one would register a double negative, but if one remembers that in many homes this may be the mother's one social outlet, we may have to weigh our answer more carefully. In most of the homes with which we were dealing there was, however, adequate provision for caring for the children, and the importance of routine could be viewed from the point of view of their needs alone.

With the infant and young child, when good sleeping habits are in process of formation, breaking into the regular rhythm of activity and rest should be avoided except for well-weighed and infrequent cause. A regular routine stabilizes the experience of the child; he knows what to expect and adjusts to it more easily.

On the whole a good routine means also greater freedom for the adults in charge. Even when this training is begun early in infancy the formation of regular sleeping habits requires effort and persistence on the parents' part. This, however, is compensated for when the routine is established. So far so good, but for many parents it is harder to stand firm and to remember that the struggle may have to be renewed again and again in early childhood, especially when some unavoidable break in the routine has occurred.

Beyond focusing attention on the parents' responsibility for the adoption and carrying out of a routine, what did our results contribute toward the establishing of norms for the sleep of children? They indicate what are representative though not necessarily ideal conditions in regard to the amount of sleep which children habitually take, the bedtime hours for different ages and the conditions under which children sleep.

Our results are in close conformity to those of Dr. Anderson and Miss Flemming. The total amount of sleep decreases by fairly regular amounts from approximately thirteen and three-quarter hours at one year to eleven and a half hours at six years, and ten and a half hours at eleven years. While there is a slight decrease in night sleep from year to year, the most marked difference is caused by the falling off and final cessation of the afternoon nap.

CONCERNING NAPS

The afternoon nap begins to disappear after the fourth year, and is absent in our records for all children over six years of age. This may reflect the demands of the school situation to some extent, but as the breaking up begins prior to the school period it may also be a natural modification of the physiological rhythm of sleep. It seems to conform to the all-or-none principle, that is, instead of sleeping every day for a shorter time, the child in whom this habit is breaking up sleeps on some days for the accustomed time, but on other days does not sleep at all. It seems wise, therefore, to put the child to bed following lunch for a set period—never longer than an hour and a half. If he sleeps, well and good; if not, he should be taken up the minute that the time set for sleep is over. Neither worry nor disparaging comment should be occasioned by his failure to sleep. Older children may be required to rest for a much shorter period, not exceeding half an hour.

The influence of day sleep on night sleep is a point of special interest to parents. Dr. Anderson's findings and our own show that after the second year long sleep in the daytime interfered with night sleep. Dur-

(Continued on page 58)

Habits of Elimination

By HYMAN S. LIPPMAN

Emotional factors of training need to be carefully evaluated.

CONTROL of elimination is established at ages varying from six months to adult life. The amount of training needed and the tendency to regress to early patterns are often governed by forces over which neither the child nor the parent has control. The marked variations in the ages at which the child is trained are due to differences in the constitutional make-up of the individual and in the influences surrounding him. A discussion of the nervous elements involved makes these facts clear.

The digestive tract below the throat is controlled by the involuntary nervous system. This system governs the action of those structures of the body over which there is no conscious control. It is divided into two parts which generally act antagonistically to each other. One of these, the motor part, speeds up the muscular activity of the tract, whereas the inhibitory portion delays these movements. Usually these divisions neutralize the effect of each other and result in a smooth bowel action. There are, however, many infants who have what is commonly called an unstable involuntary nervous system. The processes of elimination in such children are quite irregular. They are subject to frequent vomiting upsets and periods of diarrhea and constipation. These reactions are most often seen in acute infections, in the process of teething and in changes of diet, especially when new foods are introduced. It is the response of an easily disturbed digestive system to any marked change.

NO TWO CHILDREN NEED THE SAME TRAINING

The mother may find it more difficult to train an infant with a hyperactive nervous system. She is also likely to find a greater need for retraining. In contrast, the mother of an infant having infrequent but normal stools may find training for two or three weeks sufficient to establish control. The parents who appreciate these fundamental physiological differences will be less disappointed if their infant requires more time than the average for bowel control. As is the case in other aspects of behavior, such a knowledge will result in lessened use by the parent of urging and force, which actually delay rather than hasten regulation.

These nerve structures are acted upon by the glands of internal secretion. As an example, if the thyroid gland is underactive one of the results may be infre-

quent bowel movements. The reverse is true when this gland is hyperactive. The adrenal glands which secrete adrenalin also exert a pronounced effect on these structures, but their exact nature is not yet understood. A close relation has been established between this secretion and the emotions. This action probably accounts for the upsets of the intestinal canal which occur in emotional states of anger and anxiety. Diarrhea associated with illness probably is a result of toxic secretions acting on the nerves supplying the intestinal tract. Diarrhea of this kind often makes retraining necessary and may be followed by a period of absence of bowel movement for two or three days. With a few days of patient training the former rhythm may be reestablished if cathartics are avoided during the period of bowel inertia.

A part of the act of defecation is a stimulus coming from the rectum to reflex and conscious centers in the brain causing an urge to empty the bowel. This stimulus follows a stretching of the bowel and depends on a large enough amount of stool to cause this reaction. This explains the need for coarse foods such as bran and fibrous vegetables in the diet.

WHEN TO ESTABLISH A ROUTINE

Control is gained when the infant recognizes this stimulus and makes his wants known to the parents. Training in this capacity is usually begun when the infant can sit unsupported. In some instances this is possible much earlier. Training may be begun when the number of stools a day has reached a minimum average occurring at approximately the same time.

Every conscientious mother of today has learned, from her physician or from reading a manual of baby care, a practical method of holding the young infant while training is being begun. She has also, as a rule, learned very thoroughly the lesson of punctual routine. In fact, there is frequently some degree of danger that she may go too far in this regard and, by becoming overanxious, lay too much stress on the importance of very early training. She should be informed that if training is at first unsuccessful it should be discontinued for a week and then begun again.

It is important that failures, which are likely to be frequent during early training, should not be punished. As demonstrated in experiments on learning, habits are

News and Notes

PARENT EDUCATION Three Regional Conferences in Greater New York

BRONX

Wednesday, October 16
Hotel Concourse Plaza
Sessions at 2:30 and 8:15 P.M.

Speakers:

THE HONORABLE JEANETTE BRILL	MRS. CECILE PILPEL
MR. MORSE A. CARTWRIGHT	DR. JAMES S. PLANT
MRS. HOWARD S. GANS	DR. GEORGE K. PRATT
MRS. SIDONIE M. GRUENBERG	MISS JEANETTE REGENSBURG

BROOKLYN

Tuesday, October 22
Leverich Towers
Sessions at 10:00 A.M., 2:30 and 8:15 P.M.

Speakers:

DR. RUTH ANDRUS	DR. HELEN MONTAGUE
DR. LEONARD BLUMGART	DR. HENRY NEUMANN
MRS. HOWARD S. GANS	MRS. CECILE PILPEL
MRS. SIDONIE M. GRUENBERG	DR. PHILIP MOEN STIMSON
REV. JOHN H. LATHEROP	DR. LEROY A. WILKES
	DR. THOMAS D. WOOD

MANHATTAN

Tuesday, October 29
Hotel Pennsylvania
Sessions at 10:00 A.M., 2:30 and 8:15 P.M.

Speakers:

DR. JOHN E. ANDERSON	MR. E. C. LINDEMAN
DR. WILLIAM E. BLATZ	DR. LAWSON G. LOWREY
MRS. HOWARD S. GANS	MRS. CECILE PILPEL
MRS. SIDONIE M. GRUENBERG	DR. LYDIA J. ROBERTS
DR. C. M. HINCKS	DR. GOODWIN B. WATSON
DR. MARION E. KENWORTHY	DR. FRANKWOOD E. WILLIAMS

RECENT CONFERENCES REVEAL INTERNATIONAL INTEREST IN PARENT EDUCATION

In every progressive movement that concerns itself with child development the emphasis is laid increasingly upon the basic and vital influence of the parent. This is significantly brought out by the attention given to parent education in the three international conferences held during the past summer.

**World
Federation
of Education
Associations
July 25 to Aug. 4
Geneva,
Switzerland**

During the meeting of the World Federation of Education Associations at Geneva in July there was organized the International Federation of Home and School, with Mrs. A. H. Reeve as the first President. This group occupied one of the sections in the program of the World Federation, with an attendance representing twenty-six nations. Three of the eighteen sections discussed various phases of parent education and child development. The titles of some of the items on

the program are suggestive of the lines along which the general thought is developing: "The Parent and the Child at Home" including *personality development in the pre-school period, development through the elementary period and characteristics of adolescence*; "Parents, Teachers and the Child at School," which was discussed from the points of view of the *nursery school, kindergarten, elementary and secondary schools and the community*; "Home Cooperation with the School Health Program," "The Problem Child," "The Pre-School Child," "Social Adjustment through Education" and "Adult Education." Despite the natural divergence of tradition, the unanimity of opinion as to what is needed in parent education was strongly marked.

More than four hundred members of the World Association for Adult Education, representing the movement in forty-six nations, gathered at the University of Cambridge, in August, in the first World Conference on Adult Education. The meeting was significant in that it indicated widespread interest in continuing education throughout life. It is difficult, however, to appraise the actual results achieved, by reason of the wide variance in the adult education problems of different countries. The program ranged all the way from discussions of the mass attack on illiteracy, as in China, to the philosophy of education.

The Conference was attended by eighty-four representatives of adult education in the United States. Perhaps the most significant address of the entire Conference was that made by the Honorable Newton D. Baker, former Secretary of War, and President of the Adult Education Association of Cleveland, Ohio. Others who spoke were: Professor William H. Kilpatrick, Teachers College, Columbia University; Mr. Spencer Miller, Workers Education Bureau of America; Professor Eduard C. Lindeman, New York School of Social Work; Mr. Morse A. Cartwright, Director of the American Association for Adult Education; Dr. Kenyon L. Butterfield, Honorary President of the American Country Life Association; Professor John A. Lapp, Marquette University; Mr. Arthur E. Bestor, President of the Chautauqua Institution; Professor Leon J. Richardson, University of California; Librarian Linda A. Eastman, Cleveland Public Library; Miss Hilda Smith, Bryn Mawr Summer Session for Women Workers in Industry; Dean Emeritus James E. Russell, Teachers College, Columbia University, President of the American Association for Adult Education; and Mrs. Dorothy Canfield Fisher, who spoke on the Parent Education Movement in America.

The New Education Fellowship meeting at Elsinore in August devoted its program to "The New Psychology and the Curriculum."

New Education Fellowship August 8 to 21 Elsinore, Denmark

Although this group was started by progressive school people, it has assimilated in its program considerations of mental hygiene, individual differences, recreation, sex education and other phases of life adjustment that are not commonly associated with the school program. This year's sessions further demonstrated that the progressive educators realize the need of including parents in any discussion of new educational plans. "The Problem Child," "The New Schools in Action," "The Child and Religion" and "Sex Education" were subjects of special group study.

Among those who took part in the discussions were Otto Pfister, author of "Psycho-Analysis in the Service of Education"; Maria Montessori, Rome; Eduard C. Lindeman, National Council of Parent Education, New York; Edna N. White, Merrill-Palmer School, Detroit; Harold O. Rugg, Professor of Education, Teachers College, Columbia University; Anna Richardson, American Home Economics Association; E. Crosby Kemp, New York League for Mental Hygiene; Caroline Pratt, City and Country School, New York; Paul Dengler, Vienna; Mrs. A. H. Reeve, Federation of Home and School; Basil Yeaxlee, Home and School Council, London; Frank Ward, Chicago; Miss M. Carswell, Principal of Hubbard Woods School, Winnetka.

Mrs. Sidonie M. Gruenberg, who represented the Association at the meetings of the World Federation and The New Education Fellowship, and who took an active part in the discussions of parent education at both conferences, commented on the particular significance in the reactions and attitudes of the representatives:

"The newer republics—Turkey, Poland, Czechoslovakia, Hungary—having overthrown political tradition, are particularly eager to embrace a new viewpoint on other fundamental factors, such as the parent, the home and the child. In countries where the traditional culture has been less questioned in recent years there tends to be more reluctance to recognize the change that has occurred in family life during the past twenty-five years. These countries seem to question whether innovations like the nursery school and parent education and the more liberal interpretations of religious and sex education may not undermine the existing social structure.

"America leads in the extent to which parent education and nursery schools have been developed both in association with universities and in voluntary organizations having no official standing. In other countries

the work among parents is largely directed toward the economically under-privileged classes, whereas we see parent education as the answer to a universal need in every social group. Many of the delegates were amazed by what has already been done in this country, especially by the fact that, although we are in some ways the youngest of the countries, or at least of the cultures, represented, we had the longest continuous record of work in parent education."

Plans are now being made for the Fourth International Congress on Parent Education, sponsored by the International Commission for Parent Education, to be held at Liege, Belgium, in August, 1930. This Congress, of which the Duchess of Vendôme is the general president, coincides with the twenty-fifth anniversary of the founding of the International Commission for Parent Education. Its object is to further the education of parents in applying scientific knowledge to the guidance of their own children. Additional information concerning the Congress may be obtained from P. De Vuyst, 22, avenue de l'Yser, Brussels.

Parent Education Congress at Liege

During the sessions of the Ninth International Congress of Psychology held at Yale University, New Haven, from September 1 to 7, psychologists from all over the United States and Europe discussed every phase of their complex subject. Recent experiments and research were reported in many fields of abnormal and normal psychology. Two sections of the Congress were devoted entirely to "Child Development" under the chairmanship of Karl Bühler, Vienna, and J. E. Anderson, Minnesota, respectively. In addition, such subjects as "Character and Personality," "General Intelligence," "Maladjustments," "Punishment," "Memory and Learning," "Psychology of Music" and "Religious Psychology," were of interest to those engaged in parent education.

Psychologists Meet at Yale

The speakers at the "Child Development" sections were Arnold Gesell, Kurt Lewin, Lutan Ackerson, Florence Goodenough, Hoken Kirihaara, Pauline Ephrussi, A. G. Decroly, Helen Thompson, Kate Wolf, Mary Shirley, H. M. Halverson, Charlotte Bühler, B. L. Wellman, P. H. Furfey, G. D. Stoddard, D. S. Thomas, W. E. Blatz, Mandel Sherman, K. M. Banham Bridges, C. O. Weber, L. C. Toops, W. C. Olson, F. B. Knight, M. L. Reymert, J. E. Anderson, Jean Piaget. Mrs. Howard S. Gans, Mrs. Sidonie M. Gruenberg and Dr. Ruth Brickner of the Child Study Association attended the Conference.

The brilliant address by K. S. Lashley, President

of the American Psychological Association, on "Basic Neural Mechanisms in Behavior," which was delivered at the banquet, marked a high point in the meeting.

The Third Northwest Conference on Child Health and Parent Education was held in Minneapolis, coincidentally with the fifty-eighth annual meeting of the American Public Health Association and five other associated organizations during the week of September 30 to October 5. The program was devoted to a discussion of "Character and the Community." Among the speakers were: Dr. Abraham Myerson, Tufts College, Boston; Dr. John E. Anderson, Director, Institute of Child Health and Parent Education, University of Minnesota; Dr. Mary Dabney Davis, Bureau of Education, Washington, D. C.; Mrs. Sidonie M. Gruenberg, Director, Child Study Association of America.

A five-day institute on child study and child guidance, sponsored by the New Hanover County Council of the Parent-Teacher Association, will be conducted at Wilmington, North Carolina, beginning on November 4. It will be under the leadership of Mrs. Cécile Pilpel, Director of the Study Group Department, and Miss Margaret J. Quilliard, Director of Field Work, both of the Child Study Association. "Some Aspects of Child Development from Infancy Through Adolescence," the general subject of the Institute, will be discussed under the following headings: "Habit," "Family Relationships," "Discipline," "Character," "Sex Education," "Children's Friendships and Their Significance" and "Parent Attitudes." Informal conferences will be held to help solve the problems of individual parents.

At a district meeting of the Parent-Teacher Association which will take place on the Saturday preceding the opening day of the Institute, Mrs. Pilpel will speak on "Parent Education" and Miss Quilliard on "Traffic Signals in Parent-Teacher Activities."

The new form in which CHILD STUDY appeared for the first time with its October issue is indicative of its growth. This growth, in purpose as well as in appearance, is one of thoughtful step-by-step development rather than sudden change. Ten issues yearly, from October through July, instead of eight as in the past, as well as an increase in the number of pages monthly, will make it possible both to cover

more topics and to cover each more thoroughly. CHILD STUDY has consistently worked to maintain its high standards in relation to the rapid development of parent education. This purpose has given it a special place in interpreting to parents the remarkable progress made in child research and other related fields. As a meeting place for specialists and parents, CHILD STUDY must be both progressive and practical.

Everywhere there are parents, teachers and others whose work is close to children, who are potential readers of CHILD STUDY. They will welcome an introduction to CHILD STUDY as gladly as the magazine welcomes the opportunity to serve them. Will you send the names of those you know who are interested in receiving a complimentary copy? On the inside of the back cover you will find a convenient form for this information.

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CHILD STUDY

509 West 121st Street, New York City

Announcements

Walter Damrosch is opening his second season of radio concerts for children in the third and fourth grades on October 11. The concerts will be held on Friday mornings under the auspices of the National Broadcasting Company.

The *Delineator* is opening a new department, "Child Training," with the January issue. Marion M. Miller, Associate Director of the Child Study Association, will act as the editor. The department will publish articles by well-known specialists on various phases of parent education.

The special parent education department of the Institute of Child Welfare at the University of Minnesota has appointed the following staff members:

Mrs. Belle Osborn Fish, a child development specialist, Mrs. Pearl T. Cummings and Mrs. Adelaide Lackey, child study group leaders, and Mr. Robert Challman, who will assist in research projects and statistical work.

Martha Sprague Mason is the new editor-in-chief of *Child Welfare*, the national parent-teacher magazine. She has been associate editor of *Child Welfare* since 1923, is a graduate of Boston University and has a thorough knowledge of parent-teacher work.

The School of Education of Western Reserve University opened in September a model nursery school

for twenty-five children aged from twenty months to three and a half years with Miss May Hill as director. The school will represent the cooperative endeavor of various departments of the University and of the Brush Foundation. The three chief objects of the school will be to establish an environment that will foster the all-round development of the child from two to four years of age; to foster parent education; and to accumulate and analyze records of child behavior and child development.

Exhibits including a variety of literature, charts and other material representative of the work being done by the Child Study Association have recently been sent to the following conferences:

Craven Board of Education, New Bern, North Carolina—September 11.

Eastern States Exposition Home Division, Springfield, Massachusetts—September 15-21.

Indiana State Fair, Indianapolis, Indiana—September 1-7.

Minnesota State Conference of Social Workers, St. Paul, Minnesota—September 7-14.

State Conference of Social Work, Indianapolis, Indiana—October.

Fair, Timonium, Maryland—September 2.

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STUDY GROUPS

Study group sessions will begin the week of November 11 at the Headquarters of the Child Study Association of America. There will be eleven groups this season under trained leadership, covering the following subjects:

Infancy, Tuesdays at 11:00 a.m.

Leader: Dr. Augusta Alpert

The Toddler, Mondays at 11:00 a.m.

Leader: Mrs. Marion M. Miller

Early Childhood, Mondays at 2:30 p.m.

Leader: Mrs. Anna W. M. Wolf

School and Home, Mondays at 11:00 a.m.

Leader: Mrs. Ethel H. Bliss

The Child from Six to Twelve, Wednesdays at 11:00 a.m.

Leader: Mrs. Sidonie M. Gruenberg

Adolescence, Fridays at 11:00 a.m.

Leader: Mrs. Cécile Pilpel

Parents and Sex Education, Mondays at 2:30 p.m.

Leader: Mrs. Cécile Pilpel

Family Relationships, Tuesdays at 11:00 a.m.

Leader: Mrs. Anna W. M. Wolf

Fundamentals in Child Study, Wednesdays at 8:15 p.m.

Leader: Miss Margaret J. Quilliard

Grandmothers Group, Wednesdays, 2:30 p.m.

Leader: Mrs. Cécile Pilpel

Leaders Group, Thursdays at 11:00 a.m.

Leaders: Staff of the Association

Since the publication of the Annual Program for 1929-30, eight new groups have affiliated with the Association. They are situated in: Gary, Indiana; Norwich, Connecticut; Duluth, Minnesota; Enid, Oklahoma; Bethlehem, Pennsylvania; Rutherford, New Jersey; Baltimore, Maryland; and Bellefonte, Pennsylvania.

This brings the total number of groups to one hundred and forty-two. Of these, seventy, in addition to the Headquarters groups, are in the Metropolitan Area; twenty states and three foreign countries—Japan, China and Russia—are represented.

Parents' Questions

Study group discussions of problems involved in the establishment of habits and attitudes.

Question: A boy of three and a half is a persistent thumb sucker. His mother has "tried everything to break the habit" and now fears that her failure has been due to her overconcern and overemphasis in the beginning. What is her wisest course from now on?

Discussion: Since the habit still persists, it is important to realize that it cannot now be overcome in a week or even perhaps in a month. Time is required in which to build up in the child the desire and self-confidence in his own powers, which are necessary for success. Meanwhile care must be taken that he does not feel himself to be a moral culprit, "weak-willed" or in any way inferior. Success lies largely in enlisting his cooperation. His parents might ask him to suggest the ways and means which will help him to do without the habit, and try to embody his own ideas in a workable plan. When they see the thumb going into his mouth, they can try quietly to substitute some other activity which will absorb his interest and call for the use of his hands. If he is generally busy, healthy and happy, it may be wise to ignore the matter altogether until the day comes when he will handle the matter himself. If he is not happy, however, here is the point upon which the parents should concentrate their efforts, for thumb sucking is merely a symptom, the cause of which must be removed.

There still remains the question of actual deformation of the jaw. If the parents and his dentist put the matter to him quietly and graphically it may enlist his cooperation. It is not advisable to resort to any physical restraints without the child's own consent, and then only in moderation.

Question: A child of two has a habit of banging his head repeatedly on the floor whenever, in his play, some slight misadventure occurs, such as his blocks tumbling down, or his kiddie car being obstructed. How can this be handled?

The questions discussed here deal with the establishing of satisfactory behavior in early childhood as well as with the habitual responses and attitudes of later childhood. Many of these problems, however, which parents think of in simple terms of habit formation, involve fundamental needs and adjustments which cannot be approached as questions of pure routine. Some knowledge of the emotional nature of childhood as well as of the nature of learning is essential to any understanding of the fundamental processes in habit formation.

Discussion: Manifestations of this sort are ordinarily associated with feelings of rage and frustration. The first essential in the mother is a calm undisturbed attitude. The head banging, to all intents and purposes, should be regarded with friendly indifference since it is likely that the practice has grown up primarily as a method of getting attention. Children rarely do this except in the presence of an audience. The child should be

given encouragement and a little assistance in manipulation of his toys, so that satisfaction in his increasing skill will take the place of the feeling of impotence which is so devastating to him. Care should be taken that the tasks which his toys call for are not so far beyond his abilities that they tend only to discourage. He can also be shown that patience and practice actually bring the desired results. Children who show such tendencies often profit a great deal by association with others their own age. This companionship gives them an opportunity, through imitation, to find more constructive ways of behaving.

Question: What should be done about a child who, though underweight, refuses to eat the food which the doctor feels is essential? Is there any danger that this will become a habit?

Discussion: After physiological possibilities have been eliminated through consultation with the physician, we must inquire into psychological causes for such refusals. It may be that in the beginning too much food was served so that the child became discouraged, or the food was cold. Perhaps the large portion is not daintily served. It is important also to remember that crying spells, irritability and other strong emotions destroy the appetite and impair the digestive powers so that a child should never be urged to eat at such times. Here, as in all such situations, the friendliness and unconcern of the mother are vital. A child who finds that he can cause a mood of anxiety and concern in his mother, quickly

learns to make use of this power. Mealtime should be a pleasant and serene occasion. The child may be helped from time to time if necessary, though the tendency should be in the direction of self-feeding. If he dawdles excessively or refuses to eat, tell him quietly that his plate will be removed shortly, and no concern or reproach should accompany its removal. Frequently it is possible, by combining foods, to save much of the actual physical effort of eating and still provide adequate nourishment. Egg may be put into the soup, milk or desserts; vegetable soups often go more easily than plain vegetables. Especially with children who are underweight it is important not to make mealtime a conflict of wills. The omission of a meal a day for several days is not in the long run so likely to have serious consequences as is the building up of strong negative attitudes to the whole eating situation.

Question: Should a five-year-old boy be discouraged in the habitual use of his left hand?

Discussion: Whether handedness is inherited—whether it is an intrinsic or an extrinsic function—is still a moot question. This question can, therefore, not be considered from the point of view of habit formation. There is some clinical evidence that handedness is connected with speech function, and that when handedness is interfered with there may result some speech defect or nervous instability. There is also some evidence that such interference may cause reading disabilities. Although the world exerts a certain amount of pressure toward right-handedness many authorities consider it unwise to discourage the use of the left hand if the child manifests a preference for it, or to exert any pressure to change handedness.

Question: Should we correct children's mispronunciation or misuse of words during their play, lest these become habitual?

Discussion: This kind of correction often becomes an interruption in the play on which the child is rightly concentrating all of his thinking. There is danger, too, that constant corrections will degenerate into a sort of nagging. Occasions for hearing the word used correctly will be numerous at other times, and this usually acts as a corrective, without the need of more direct action.

Question: What should be done when a young child refuses to take his afternoon nap?

Discussion: Several possible factors must be considered in this connection. On the whole it is very desirable for children up to four or five years of age to get an afternoon nap of from one to two hours. Usually from about one to three in the afternoon

immediately after dinner is the best time, since this leaves enough of the afternoon for play before bedtime. Occasionally, however, a child is better off with a late morning nap since overfatigue may play a large part in sleeplessness. Whatever the hour, however, routine, quiet and comfortable surroundings are essential. It is also important that the period just before naptime should be a quiet and happy one. Violent and overstimulating play is to be avoided and adults and other children excluded from the room. If a child refuses to sleep, it is well not to discuss the matter with him or with others in his presence. He can understand that this is his rest hour, and that he must remain quietly in his crib, whether he sleeps or not. Above all, the mother's anxiety should be kept from the child since any feeling of stress is the worst enemy of sleep. It was also felt that, despite the prime importance of routine, rigid adherence to rules, as in the case of a frightened or unhappy child, frequently tends only to arouse antagonism and tension. The mother must discriminate whether a child who cries violently at naptime is merely doing so as a means of wielding power, or whether he is in genuine trouble.

Question: A child who, before he was two years old, kept himself dry at night, has relapsed, and now at the age of three again wets himself every night.

Discussion: Assuming that there is no physical disturbance we can regard this as one of the numerous instances of relapse to which bladder control is subject in early childhood. It usually indicates some nervous strain or mental stress to which the child is subjected. A change of residence or nurse may precipitate such a relapse, in which case the control will return again when the child becomes adjusted to the new situation. Meanwhile the mother should avoid blame and bend her efforts toward helping the child make the adjustment which will reestablish desire and confidence to control himself. The advent of a new baby or a young visitor in the household is frequently the occasion for this disturbance, for if a child senses a rival or feels insecure in his parents' affection, he is likely to adopt whatever form of behavior is calculated to draw attention to himself. It is to be remembered also that persistent bed wetting may be the result of some unhappiness or other emotional difficulty. It is important to rectify the cause of the unhappiness and meanwhile to avoid concentrating the child's attention on what is merely a symptom.

Question: An eleven-year-old boy has a slight nervous cough with which he prefaces every remark or response. This is becoming habitual and, although

Habits of Elimination

(Continued from page 43)

physical factors have been ruled out. The loss of a pet, the moving away of a playmate, the strangeness of a new home or school are very often associated with such lapses. Punishing a child already emotionally upset by such a change increases his fear of being alone in a strange situation. Reassurances despite the lapse in control will promote a return to the normal.

Not uncommonly one sees the loss of control of night urination shortly after the arrival of a new baby in the home. The mechanism is an unconscious one and is probably associated with jealousy of the new arrival and hostility to the parents. This situation calls for less open admiration of the intruder and more frequent demonstrations of affection and attention to the older child who needs to be assured of a place in the family. Harsh criticism or punishment may set up a reaction against the baby which will persist through life. Occasionally the child will admit to the physician that the act is voluntary to punish the parents. One such child on being reprimanded for misbehavior said, "just for that I will wet myself," and proceeded to do so. Such cases are rare and usually clear up when the attention which they intend to provoke is not obtained.

SIGNIFICANCE OF EMOTIONS

One could go on indefinitely in describing the rôle of emotional upsets on habits only partially controlled by consciousness. This short discussion of lapses demonstrates the importance of emotional as well as physiological factors for successfully conditioning the child. It will help to explain the failures where the parent is unduly concerned and determined to establish an early control.

The problem of prolonged enuresis should be distinguished from bed wetting which occurs with diminishing frequency during the period of training. As has already been explained, emotional states are closely tied up with these types of habitual behavior. When cases of enuresis, which appear to have no physical basis, persist beyond the third year, their importance is not so much that they are "bad habits" in themselves as that they are *symptoms* of some deeply seated emotional disturbance. The possibilities and implications involved in a discussion of enuresis are such that a thoroughgoing presentation of the subject would require more consideration than space permits here. But it would not be fair to leave this discussion of normal habits without pointing out the possible significance of prolonged difficulty.

An attempt has been made, in the foregoing discussion, to emphasize the small part played by the infant in consciously controlling habits of elimination. Estab-

lishment of control depends entirely on the training methods used and the innate characteristics of the child. The reader is referred to a recent book by Faegre and Anderson,* which includes references to other literature.

* Faegre, Marion L. and Anderson, John E. *Child Care and Training*. University of Minnesota Press, Minneapolis. 1929.

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OF *CHILD STUDY*, published monthly, October through July, at New York, N. Y., for October 1, 1929.

State of New York }
County of New York } ss.

Before me, a Notary Public in and for the State and county aforesaid, personally appeared Cora Flusser, who, having been duly sworn according to law, deposes and says that she is the Business Manager of *CHILD STUDY*, and that the following is, to the best of her knowledge and belief, a true statement of the ownership, management, etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, embodied in Section 411, Postal Laws and Regulations, to wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are:
Publisher, Child Study Association of America, 509 W. 121st St., New York, N. Y.
Editor, None.
Managing Editor, None.
Business Manager, Cora Flusser, 54 W. 74th Street, New York, N. Y.

2. That the owner is: Child Study Association of America, a philanthropic educational corporation without stockholders, 509 West 121st Street, New York; Mrs. Howard S. Gans, President.

3. That the known bondholders, mortgages, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: None.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

CORA FLUSSER,

Business Manager.

Sworn to and subscribed before me this 11th day of October, 1929.

ADOLPH G. SEILER, Notary Public, N. Y.
(My commission expires March 30, 1930.)

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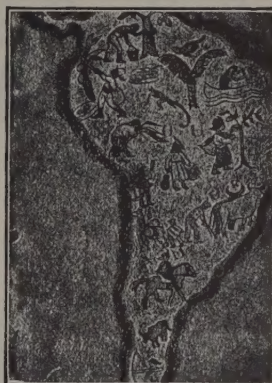
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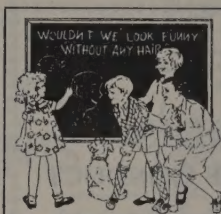
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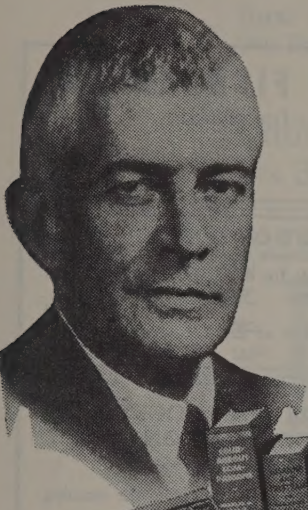
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